

**TRANSIENT MERCHANT LICENSE APPLICATION***(Must be submitted at least 5 days prior to the activity date)**Complete in duplicate*CITY LICENSE
(316) 268-4553

Date _____

_____ \$10.00 per day or portion of day – date needed _____ Times of sale _____
_____ \$35.00 per week – dates needed _____ Times of sale _____
_____ \$50.00 per month – dates needed _____ Times of sale _____
_____ \$100.00 per 6 months – dates needed _____ Times of sale _____

____ Individual Proprietorship

____ Partnership

____ Corporation

APPLICANT INFORMATION:

Name				Date of Birth				
Physical Description	Weight		Height		Hair Color		Eye Color	

Complete the information below for the following persons:

- Transient Merchant
- If a corporation, the officers of the corporation
- If a partnership, association or other entity, the members of the partnership, association or entity.

If more space is needed, use the reverse side of this application or attach a separate piece of paper to this application.

Full Name						
Address						
City and State					Zip Code	

If a corporation, the name and permanent address of the registered agent or office:

Full Name						
Address						
City and State					Zip Code	

BUSINESS INFORMATION:

Business Name				Phone	
Business Address					
City, State				Zip Code	
Nature of Business					

Address where the business will operate: _____

List the merchandise to be sold: _____

Will any food be sold: _____

I, _____, applicant, within the two years prior to this application:

_____ have not been convicted of any felony, misdemeanor, or violation of any municipal ordinance regulating transient merchants,

_____ was convicted of a felony, misdemeanor, or a violation of a municipal ordinance regulating transient merchants:

- the nature of the offense _____
- the city and state of the offense _____
- the punishment and penalty assessed _____

I, _____, the applicant, of lawful age, state that upon signing this application, I understand and agree to the provisions set forth in Chapter 3.95, the Code of the City of Wichita, Kansas, and certify that the information and answers herein contained are complete and true to the best of my knowledge.

Signature of Applicant_____
Date**FOR OFFICIAL USE ONLY**

	Approved	Disapproved	Date
Central Inspection			
Police Records			
Environmental Health			
License #		Date Issued	

Applicant - include the following with the application:

- Proof of a current sales tax license from the State of Kansas or proof of exempt status from state sales tax
- A sketch or drawing of the proposed sales site showing the approximate dimensions of the area being used, the proximity to buildings, parking lots, right-of-ways or other such areas.
- A description of any structure, implement, stand, display prop, or other such item used for the activity, including signs, banners or other attention getting devices.
- The name, address, telephone number and written permission of the owner, or tenant in possession of the location described in the application, upon which the applicant intends to offer goods, merchandise, or personal property for sale.